	(interior a volume) =0, -v-,						.Vou.No Page 1 of 1			
U. S. (Department, bureau, or establishment)						- PAID BY				
Voucher prepa	red at		(Give place and date)			_				
HE UNITED ST	AIES, Dr.,	Payee	e's Account No							
o			o-Wooldridge Corpor Payeo)	cation		-				
		-	os Angeles 45, Ca			<u> </u>				
	(Add	AR	(City) (State) FICLES OR SERVICES			UNIT PRICE		AMOUNT		
No. and Date of Order	Date of Delivery or Service	schedule, and o	tem number of contract or Fede other information deemed neces	sary)	QUANTITY	Cost Per		Dollars Ct		
		Discount Terms	INVOICE 2105	s NO.	-			12,878		
			2106					28,198		
			2107					2,763		
			2108			1		19,475		
			21 09 2110					1,197		
YMENT:			5110					1,477		
Complete						1				
Partial					3					
Final	1	Use con	atinuation sheet(s) if necessary							
ipped from	t			ent B/L No.	1		Total	64,524		
certify that the ab	ove bill is correct	and just and that payme	ent has not been received.	(Pay	yee must NO	Γ use this	space)			
		(Sign original only)		Differer	nces					
		(Sign original only)								
ate	*Payee		eertficate is made by payee on attached bill or bil					1		
	(Tì	is certificate not required when a like e	ertificate is made by payee on attached bill or bil		unt verified;			64,524		
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ontract No. A-	101	Date	Reg. No.	I	Date	<u>lı</u>	voice Rec	d.		
rsuant to authorit	y vested in me, I	certify that this account	is correct and proper for pay							
Approved for \$. †					e S		
STATOTH	R		SIGN					;		
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itle			Date		Cont	ractin	U OII	rcer)		
(Approv	ing of the	IS FORM MUST BE EVECTED W	HEN PURCHASES ARE MADE OR SERVICE		OUT WRITTEN A	CREUMENT I	I AND EVDM			
		ID LOUR MODE BY BYTCOMED (1)	MEN TORONADED AND MADE ON DERVICE	O OFFICE HILL	OUI WAILIEN A	OMERNIANI II	WALLAWA			
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